



The Office of People, Culture, and Talent  
Risk Management Department

NON-OCCUPATIONAL (STUDENT) ACCIDENT REPORT

Instructions: Fill out completely and submit this form to the Risk Management Department (ext. 6428).

Today's Date: \_\_\_\_\_

1. First Name: \_\_\_\_\_ 2. Last Name: \_\_\_\_\_ 3. ID #: \_\_\_\_\_

4. Address: \_\_\_\_\_ 5. City: \_\_\_\_\_ 6. State: \_\_\_\_\_

7. Zip Code: \_\_\_\_\_ 8. Telephone #: \_\_\_\_\_

9. Department/Division where injury occurred: \_\_\_\_\_

10. Class title/CRN at time of injury: \_\_\_\_\_

11. Date of Incident: \_\_\_\_\_ 12. Time of Incident: \_\_\_\_\_  am  pm

13. Location of incident (include which campus; room number; where in the room): \_\_\_\_\_  
\_\_\_\_\_

14. What part of the body was injured (i.e. back, left wrist, right eye, etc.)? \_\_\_\_\_  
\_\_\_\_\_

15. How did the incident occur? \_\_\_\_\_  
\_\_\_\_\_

16. Did the instructor witness the incident?  Yes  No If no, was the instructor in the room at the time of the incident  Yes  No

17. Other Witness(es) to the incident?  Yes  No If yes, name(s) \_\_\_\_\_  
\_\_\_\_\_

18. Did an unsafe condition contribute to the incident:  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

19. How could the incident have been prevented? \_\_\_\_\_

20. Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_